

File with Your
County Treasurer

Application for Exemption
from Motor Vehicle Taxes by Qualifying Nonprofit Organizations
• Read instructions on reverse side.

| | | | |
|---|--------------------|------------------------------------|---|
| Name of Organization <u>First Baptist Church</u> | | Tax Year <u>2022</u> | Value of Motor Vehicles |
| Name of Owner of Property <u>505 N C St</u> | | County Name <u>Dodge</u> | State Where Incorporated <u>NE</u> |
| Street or Other Mailing Address <u>Fremont</u> | | Contact Name <u>Amity Bruce</u> | Phone Number <u>402-721-1265</u> |
| City <u>Fremont</u> | State <u>NE</u> | Zip Code <u>68025</u> | Email Address <u>office@fremontfbc.org</u> |

Type of Ownership

Agricultural and Horticultural Society
 Educational Organization
 Religious Organization
 Charitable Organization
 Cemetery Organization

| Name | Title of Officers, Directors, or Partners | Address, City, State, Zip Code |
|------|---|--------------------------------|
| | | |
| | | |
| | | |

| Description of the Motor Vehicles <small>• Attach an additional sheet, if necessary.</small> | | | | |
|---|-------------|------------|--------------------------|--|
| Motor Vehicle Make | Model Year | Body Type | Vehicle ID Number | Registration Date or Date of Acquisition, if Newly Purchased |
| <u>Dodge</u> | <u>1997</u> | <u>Ram</u> | <u>ZB5WB35Z4VK518351</u> | <u>May 2022</u> |
| | | | | |
| | | | | |
| | | | | |

Motor Vehicle described above is used in the following exempt category (please mark the applicable boxes):

Agricultural and Horticultural Society
 Educational
 Religious
 Charitable
 Cemetery

Are the motor vehicles used exclusively as indicated? (see instructions)

YES
 NO

If No, give percentage of exempt use: _____%

Give a detailed description of the use of the motor vehicle:
Transport kids to and from church

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here → Amity C Bruce Office Manager 5/27/22
Authorized Signature Title Date

For County Treasurer Recommendation

Approval Comments: _____

Denial

Phil Bergstad 6/2/22
Signature of County Treasurer Date

For County Board of Equalization Use Only

Approved If the County Board's determination is different from the County Treasurer's recommendation, an explanation is required.

Denied

I declare that to the best of my knowledge and belief, the determination made by the County Board of Equalization is correct pursuant to the laws of the State of Nebraska.

Signature of County Board Member _____ Date _____

Please retain a copy for your records.

